FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB A	APPROVAL	
Expires: D Estimated	ber: 3235-00 ecember 31, average bur	1993 den
hours per f		16.00
SEC Prefix	USE ONL	Y Seria I
DAT	E RECEIVE	D I

Name of Offering (check if this is an amendate	ment and name ha	s changed, a	ind indicat	e change)		
Private Placement of Convertible N	otes and Wa	rrants				
Filing Under (Check box(es) that apply):	Rule 504	Rule	505	Rule 506	Section 4(6)	ULOE
Type of Filing:	New Filing		Amendme	nt		
	A. BASI	C IDENTIF	ICATION	DATA	RECEIVED Y	
1. Enter the information requested about the	ne issuer				7	16.4
Name of Issuer (check if this is an amend	ment and name ha	s changed, a	nd indicat	e change) 🦔 🤻	AUG 3 2 200	2 >>
DataCert, Inc.					A.	
Address of Executive Offices (Number and Stree	t, City, State, Zip	Code)			Felephone Num	ber (Including Area Code)
3100 Timmons Lane, Suite 310, Ho	ouston, Texas	s 77027		PROCE	CO13,572-328	
Address of Principal business Operations	(Number and Str	eet, City, Sta	ate, Zip Co	ode)	Telephone Num	ber (Including Area Code)
(if different from Executive Offices)				P AUG 2	7 2002 🗡	
Brief Description of Business				THOMS	SON	
Technology Company				FINAN		1 * 5 + + * - 1 1 **
Type of Business Organization Corporation		limited	i nartnersl	ip, already form		Other (please specify):
business trust		<u></u>	•	ip, to be formed		other (prease speerly).
	Moi	nth	```	'ear		
Actual or Estimated Date of Incorporation or Organization:	0	4	9	8	Actual	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two letter CN for Canada;				ate: D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ		wing:			
		if the issuer has been orga			
	ficial owner having	g the power to vote or dis	pose, or direct the vote or	disposition of, 10	% or more of a class of equity
securities of the issuer;	utive officer and d	irector of corporate issuer	s and of cornorate general	l and managing na	rtners of partnership issuers; and
		partner of partnership issu		and managing po	athers of particiship issuers, and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Eric M. Elfman	ı				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		
3100 Timmons	Lane, Suite 3	10, Houston, Texa	s 77027		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
J. Alan Harding	g				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		
		10, Houston, Texa			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if	individual)				Managing Partner
Edward Cavazo					
Business or Residence Addres 3100 Timmons		eet, City, State, Zip Code 10, Houston, Texa			
	zane, sance	Beneficial Owner	Executive Officer	Director	D C) //-/
Check Box(es) that Apply	Promoter				I I General and/or
Check Box(es) that Apply	Promoter	Delicitial Owlier	M Executive Officer	Director	General and/or Managing Partner
			Z Executive Officer		Laurent .
			Z Executive Officer	Director	Laurent .
Full Name (Last name first, if Eric A. Smith	individual)				Laurent .
Full Name (Last name first, if Eric A. Smith Business or Residence Addres	individual)	eet, City, State, Zip Code)		Language Control of the Control of t
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons	individual))	Director	Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply:	individual) ss (Number and Str Lane, Suite 3 Promoter	eet, City, State, Zip Code	s, 77 02 7		Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply:	individual) ss (Number and Str Lane, Suite 3 Promoter individual)	eet, City, State, Zip Code	s, 77 02 7		Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply: Full Name (Last name first, if Geoff S. Elfmar	individual) ss (Number and Str Lane, Suite 3 Promoter individual)	reet, City, State, Zip Code; 10, Houston, Texa Beneficial Owner	s, 77027 Executive Officer		Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply: Full Name (Last name first, if Geoff S. Elfmar Business or Residence Addres	individual) ss (Number and Str Lane, Suite 3 Promoter individual) n ss (Number and Str	reet, City, State, Zip Code 10, Houston, Texa Beneficial Owner reet, City, State, Zip Code	s, 77027 Executive Officer		Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply: Full Name (Last name first, if Geoff S. Elfmar Business or Residence Addres 3100 Timmons	individual) ss (Number and Str Lane, Suite 3 Promoter individual) n ss (Number and Str Lane, Suite 3	reet, City, State, Zip Code; 10, Houston, Texa Beneficial Owner reet, City, State, Zip Code; 10, Houston, Texa	s, 77027 Executive Officer s 77027	Director	Managing Partner General and/or Managing Partner
Full Name (Last name first, if Eric A. Smith Business or Residence Addres 3100 Timmons Check Box(es) that Apply: Full Name (Last name first, if Geoff S. Elfmar Business or Residence Addres 3100 Timmons	individual) ss (Number and Str Lane, Suite 3 Promoter individual) n ss (Number and Str	reet, City, State, Zip Code 10, Houston, Texa Beneficial Owner reet, City, State, Zip Code	s, 77027 Executive Officer		Managing Partner General and/or Managing Partner General and/or
Business or Residence Addres 3100 Timmons Check Box(es) that Apply: Full Name (Last name first, if Geoff S. Elfmar Business or Residence Addres	individual) ss (Number and Str Lane, Suite 3 Promoter individual) n ss (Number and Str Lane, Suite 3 Promoter individual)	reet, City, State, Zip Code; 10, Houston, Texa Beneficial Owner reet, City, State, Zip Code; 10, Houston, Texa	s, 77027 Executive Officer s 77027	Director	Managing Partner General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

*		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ		wing:			
			anized within the past five		0% or more of a class of equity
securities of the issuer;	nciai owner naving	g the power to vote of dis	pose, of affect the vote of	disposition of, 10	770 of filore of a class of equity
 Each exec 				and managing pa	artners of partnership issuers; and
		partner of partnership issu			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	,				
UPS Internet Services	s, Inc.				
Business or Residence Addres)		
55 Glenlake Parkway	, NE, Atlanta	i, Georgia 30328			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
John and Velarie Fru	sha				
Business or Residence Addres 1911 Honors Pointe (•	•		·
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Kestrel Services, Ltd.					
Business or Residence Address P.O. Box 219GT, Gra		-)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Palmetto Partners, Li	td.			4	
Business or Residence Addres		•			
711 Louisiana Street,	33rd Floor, H	louston, Texas 770	002		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Don Schad					
Business or Residence Address P.O. Box 11930, Spring		-)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if	individual)			 	Managing Partner
James D. Calaway	maividuai)	ı			
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)		
1800 West Loop Sout	h, Suite 1875	, Houston, Texas 7	77027		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				3 6-
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)		
		•			
	(Lice blan'	k sheet or copy and use a	dditional copies of this sh	eet as necessary)

				·	В.	INFORMA	TION AB	OUT OFFE	RING	<u>-</u> -			·
												Ye	s No
1.	Has the	e issuer sol	d, or does t	he issuer ir	tend to sel	l, to non-acc	redited inv	estors in this	offering?	•••••		[
				Ansv	er also in A	Appendix, C	olumn 2, it	f filing under	ULOE				
2.	What is	s the minir	num investi	ment that w	ill be accep	oted from an	y individua	al			•••••	\$	n/a
												Ye	s No
		_										-	
; i 1	similar is an a broker inform	remunerates sociated por dealer. ation for the	tion for soli person or a If ore than nat broker o	citation of gent of a t five (5) pe r dealer on	purchasers proker or d rsons to be	in connection in	on with salered with S	paid or given es of securiti EC and/or versons of suc	es in the offortith a state of	ering. If a por states, list	erson to be the name of	listed of the	
	lame (L	ast name f	first, if indiv	vidual)									
n/a										·			
Busine	ess or I	Residence.	Address (N	umber and	Street, City	, State, Zip	Code)						
Name	of Ass	ociated Br	oker or Dea	ller									
States	in Whi	ch Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers			<u> </u>			
Giaics	(Check	"All State	s" or check	individual	States)								All States
[A	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-	AT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Full N	ame (L	ast name f	irst, if indiv	vidual)		-						··· -	
							,						
Busine	ess or F	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name	of Ass	ociated Bro	oker or Dea	ler						<u> </u>			
States	in Whi	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						All States
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ [HI]	[ID]
	, L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Full N	ame (L	ast name f	irst, if indiv	idual)					·				
Busine	ess or F	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)						
Name	of Ass	ociated Bro	oker or Dea	ler				<u> </u>					
States	in Whi	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
										•••••		All St	ates
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
- IN	MT1	INE	INVI	(NH)	INII	(NM)	INYI	[NC]	[ND]	(OH)	IOK1	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Equity	\$\$ \$\$ \$\$ \$\$ Number	\$ \$
Convertible Securities (including warrants) Partnership Interests Other (Specify) Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	\$4,000,000 \$\$ \$\$ Number	\$ \$
Convertible Securities (including warrants) Partnership Interests Other (Specify) Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	\$\$ \$\$, 4,000,000	\$ \$
Other (Specify Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	\$\$ \$\$, 4,000,000	\$ \$
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	\$\$ \$\$Number	\$\$ \$\$ 3,735,717.60
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	Number	\$\$ 3,735,717.60
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	Number	\$_3,735,717.60
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)		
Non-accredited Investors Total (for filings under Rule 504 only)		
Non-accredited Investors Total (for filings under Rule 504 only)	Investors	Aggregate Dollar Amount of Purchases
Total (for filings under Rule 504 only)	13	\$_3,735,717.60
		\$
		\$
Answer also in Appendix, Column 4, if filing under ULOE.		· · · · · · · · · · · · · · · · · · ·
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of	Dollar Amount
Rule 505	Security	Sold
Regulation A		9
Rule 504		\$
Total		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		\$
Transfer Agent's Fees		
Printing and Engraving Costs		_ °
Legal Fees	•••••	S
Accounting Fees		\$ 20,000
Engineering Fees		
Sales Commissions (specify finders' fees separately)		\$
Other European (identify)		<u> </u>
Total		П

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USE OF	PROCEE	DS		
		ffering price given in response to Part C - Question 1 C - Question 4.a. This difference is the "adjusted gross			\$ 3,980	0,000
5.	each of the purposes shown. If the amount for an	proceeds to the issuer used or proposed to be used for by purpose is not known, furnish an estimate and check of the payments listed must equal the adjusted gross C - Question 4.b above.				
			Off Direc	nents to icers, etors, & iliates	Payments Others	
	Salaries and Fees		\boxtimes s	_{750,000} 🛛	\$ 1.250	.000
	Purchase of real estate		□ s		\$,
	Purchase, rental or leasing and installation of mac	hinery and equipment	□ s	\boxtimes	\$ 50	.000
	Construction or leasing of plant buildings and fac-	ilities	□ s	\boxtimes	·	.000
	Acquisition of other businesses including the valuused in exchange for the assets or securities of and Repayment of indebtedness		\$\$		\$\$	
	Working capital		□ s	\boxtimes	·	.000
	Other (specify):		□ \$		\$	
	Column Totals		⊠ _{\$}	750,000⊠	\$ 3.230	.000
	Total Payments Listed (column totals added)		<u> </u>			,
		D. FEDERAL SIGNATURE				
sign		the undersigned duly authorized person. If this notice turnish to the U.S. Securities and Exchange Commission of the discount				
Issu	uer (Print or Type)	ignature		Date	-,	
	ataCert, Inc.	5/92		8/8/	200	
Na	me of Signer (Print or Type)	itle of Signer (Print or Type)				
Er	ric M. Elfman	resident and Chief Executive Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations (See 18 U.S.C. 1001).